Docket No.:		

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

invention entitled:	SPREAD	ILLUMINATING APPARATUS	HAVING LIGHT (CONVERGING	MEANS
described and clain	ned in the sp	pecification:			
Check one					
*a. ⊠ atta	ched hereto	•			
b. □ filed	on	as Application No	and	d amended on _	
					(if applicable)
I hereby sta	te that I ha	ive reviewed and understand the con	itents of the above-ide	entified specificat	tion, including the claims,

as amended by any amendment referred to above.

Leglanding the duty to disclose to the Office all information known to be material to natentability as defined in

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2003-44371 Filed on February 21, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg.No.27,075; William P. Berridge, Reg.No.30,024; Kirk M. Hudson, Reg.No.27,562;

Thomas J. Pardini, Reg.No.30,411; and Edward P. Walker, Reg.No.31,450., Robert A. Miller, Reg. No. 32,771;

Mario A. Costantino, Reg. No. 33,565; and Stephen J. Roe, Reg. No. 34,463.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA, 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name			KITAMURA
of Sole or First Inventor		36111 7 111	
	Given Name	Middle Initial	Family Name
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** Date of Signature	January	19	2004
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Citizenship Japanes	e		
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(Insert complete mailing			
address, including countr	-y)		

^{*}This form may be executed only when attached to the specification (including claims) at the nd the reof if Box a. is checked.

^{**}Note to Inventor: Please sign nam exactly as it appears above and insert actual date f signing.

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

Typewritten Full Name)		
of Joint Inventor			
Inventor (if any) Shi		76:131 T 1	SUZUKI
Give	en Name	Middle Initial	Family Name
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*Date of Signature	Januaryc	19	2004
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Typewritten Full Name	.		
of Joint Inventor	,		
Inventor (if any)	en Name	Middle Initial	Family Name
GIVE	311 I Vallie	Wilder Illum	1 44444
**Inventor's Signature			
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	Month	Day	Year
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of Joint Inventor			
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Give	en Name	Middle Initial	Family Name
arv.			•
**Inventor's Signature			
*Date of Signature	3.6 (1		Year
	Month	Day	lear
Residence		State or Province	Country
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Typewritten Full Name	<i>3</i>		•
of Joint Inventor			
Inventor (if any)	en Name	Middle Initial	Family Name
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-	Month	Day	Year
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Citizenship			
Post Office Address	1:		
(Insert completing mai	mtrv)		

^{**} Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.